| í R  | . ~   |   | ·                |                      |                     |                  | ٠,,    |               |                        |          | <u> </u>   |  |
|--|---|---|------------------|----------------------|---------------------|------------------|--------|---------------|------------------------|----------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  Application or Doctor Number  09/865/37  POC 92 00/0109  |   |   |                  |                      |                     |                  |        |               |                        |          |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |   |                  |                      |                     |                  |        |               | ALLIA<br>              | OR       | OTHER  |  |
| TOTAL CLAIMS   |   |   | 45               |                      |                     |                  | I      | RATE          | FEE                    |          | RATE   | FEE  |
| FOR  |   |   | NUMBER FILED     |                      | MANBER EXTRA        |                  |        | BASIC FEE     | 355.00                 | OR       | BASIC FEE  | 710.00   |
| TOTAL CHARGEABLE CLAIMS  |   |   | o 9 minus 20=    |                      | 25                  |                  |        | X\$ 9=        |                        | OR       | X\$18=   | 450  |
| INDEPENDENT CLAIMS   |   |   | A minus 3 =      |                      |                     |                  | I      | X40=          |                        | OR       | X80⇒   | 80   |
| IJ   | LTIPLE DEPEN  | DENT CLAIM P                                | RESENT           |                      | 0                   |                  | ı      | +135=         |                        | OR       | +270=  |  |
| ď  | the difference in column 1 is less than zero, enter "0" in column 2 |   |                  |                      |                     |                  |        | TOTAL         |                        | OR       | TOTAL  | 12-410   |
| CLAIMS AS AMENDED - PART II  |   |   |                  |                      |                     |                  |        |               | ENTITY                 | OR       | OTHER  | THAN'  |
|  |   | (COLUMN 1) CLAIMS REMAINING AFTER AMENDMENT |                  | HIGH<br>NUM<br>PREVI | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA |        | RATE          | ADDI-<br>TIONAL<br>FEE |          | RATE   | ADDI-<br>TIONAL<br>FEE                           |
|  | Total   | . 46  | Minus            | - 4                  | 5                   | - /              | ſ      | X\$ 9=        |                        | OR       | X\$18=   | 18   |
|  | independent   | · 3   | Minus            | •••                  | 4                   | = /              | I      | X40=          |                        | OR       | X80=   | 86   |
|  | FIRST PRESE   | NTATION OF M                                | ULTIPLE DEP      | ENDEN                | CLAIM               |                  | ŀ      | +135=         |                        |          | +270=  | 0/)  |
|  | F 2   |   |                  |                      |                     |                  |        | TOTAL         | , -i-                  | OR       | YOTAL  | 104  |
|  |   | 5-3-05                                      |                  |                      |                     |                  |        |               |                        | OR       | ADDIT, FEE                                       | V DF   |
| -  | •   | (Column 1)                                  | 2                | (Cotu                |                     | (Column 3)       |        |               | ADDI-                  | 1        |  | ADDI-  |
|  |   | REMAINING<br>AFTER<br>AMENDMENT             |                  | PREVI                | BER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |        | RATE          | TIONAL                 |          | RATE   | TIONAL<br>FEE                                    |
|  | Total   | ·45   | Minus            | -,4                  | 6_                  | - A              |        | X\$ 9=        | ·                      | OR       | X\$18=   |  |
| E  | Independent   | . 5   | Llimus           | 300                  | 5                   |                  |        | X40=          |                        | OR       | ∙ X80=   |  |
| <u>د</u>   | PARST PRESE   | NTATION OF M                                | ULTIPLE DEP      | ENDEN                | CLAIN               | للتا             | 1      | +135=         |                        | OR       | +270=  |  |
|  |   | •   |                  |                      |                     |                  | Į      | YOTAL         |                        | OR       | TOTAL  |  |
|  | ADDIT. PEE  |   |                  |                      |                     |                  |        |               |                        |          | ADDIT. FEE                                       | <b>-</b>   |
| -  | P (227) (27)  | (Column 1)                                  | 7                | HG                   | mn 2)<br>Æst        |                  | ı      |               | ADDI-                  | ı        |  | ADDI-  |
| AMERICANIC C   |   | REMAINING<br>AFTER                          |                  | PREVI                | SER<br>OUSLY<br>FOR | PRESENT          |        | RATE          | TIONAL                 |          | BATE   | TIONAL   |
|  | Total   | AMENDMENT . LL 6                            | Minus            | •• 4                 | 6                   | - /              |        | X5 9=         | PEE                    | <b>~</b> | X\$18=   | 1  |
|  | Independent   | . 5   | Minus            | ***                  | 5                   | - \              | lŀ     |               |                        | OR       | X80=   | -  |
| ₹  | •   | ENTATION OF M                               | IULTIPLE DEF     | PENDEN               | T CLAIN             |                  | N      | X40=          |                        | 6A       | <del>                                     </del> | <del>                                     </del> |
|  |   | 4 (   |                  |                      |                     | who area t       |        | +135-         |                        | OR       | +270=  |  |
| "If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  "If the Property Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  "If the Property Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE |   |   |                  |                      |                     |                  |        |               |                        |          |  |  |
|  | The Highest Nu  | inter Previously P                          | and For (Total o | r Indepen            | dent) is th         | e highest numbe  | 17 SOU | and in the ap | propriate bo           | ar Im ca | okumn 1.   |  |
| _  |   |   |                  |                      |                     |                  |        |               |                        |          |  |  |

FORM PTO-076 (Res. 8/00)

Peterd and Tradoment Office, U.S. DEPARTMENT OF COMMERCE

TLS. GPC: 3600-460-705/00103